

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		12/1/89
O.I.P.E. CLASSIFIER			12/1/89
FORMALITY REVIEW	RF	76556	12-9-99

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Best Available Copy

Claim	Date
Final	
Original	
1	7/1/80
2	7/1/80
3	7/1/80
4	7/1/80
5	7/1/80
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Claim	Date
Final	
Original	
51	7/1/80
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99	7/1/80
100	7/1/80

Claim	Date
Final	
Original	
110	
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If more than 150 claims or 10 actions  
staple additional sheet here

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